CLAIREMONT NURSING & REHAB

2120 HEIGHTS DR

EAU CLAIRE 54701 Phone: (715) 832-1681		Ownership:	Limited Liability Company
Operated from 1/1 To 12/31 Days of Operation:	366	Highest Level License:	Skilled
Operate in Conjunction with Hospital?	No	Operate in Conjunction with CBRF?	No
Number of Beds Set Up and Staffed (12/31/04):	161	Title 18 (Medicare) Certified?	Yes
Total Licensed Bed Capacity (12/31/04):	161	Title 19 (Medicaid) Certified?	Yes
Number of Residents on 12/31/04:	117	Average Daily Census:	122

Services Provided to Non-Residents	Age, Gender, and Primary Di	agnosis	of Residents (1	2/31/04)	Length of Stay (12/31/04)	%	
Home Health Care	No	 Primary Diagnosis	*	Age Groups	ે	Less Than 1 Year	42.7
Supp. Home Care-Personal Care	No					1 - 4 Years	32.5
Supp. Home Care-Household Services	No	Developmental Disabilities	1.7	Under 65	6.8	More Than 4 Years	24.8
Day Services	No	Mental Illness (Org./Psy)	24.8	65 - 74	11.1		
Respite Care	No	Mental Illness (Other)	0.9	75 - 84	41.0		100.0
Adult Day Care	No	Alcohol & Other Drug Abuse	0.0	85 - 94	37.6	********	*****
Adult Day Health Care	No	Para-, Quadra-, Hemiplegic	0.0	95 & Over	3.4	Full-Time Equivalent	
Congregate Meals	No	Cancer	0.0			Nursing Staff per 100 Res	idents
Home Delivered Meals	No	Fractures	2.6		100.0	(12/31/04)	
Other Meals	No	Cardiovascular	7.7	65 & Over	93.2		
Transportation	No	Cerebrovascular	10.3			RNs	12.1
Referral Service	No	Diabetes	0.0	Gender	용	LPNs	10.4
Other Services	No	Respiratory	42.7			Nursing Assistants,	
Provide Day Programming for		Other Medical Conditions	9.4	Male	22.2	Aides, & Orderlies	37.1
Mentally Ill	No			Female	77.8		
Provide Day Programming for			100.0	İ			
Developmentally Disabled	No			ĺ	100.0		

Method of Reimbursement

		edicare itle 18			edicaid itle 19			Other			Private Pay	2		amily Care			anaged Care	Į.		
Level of Care	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	Total Resi- dents	Of
Int. Skilled Care	0	0.0	0	8	10.1	139	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	8	6.8
Skilled Care	20	100.0	293	67	84.8	120	0	0.0	0	18	100.0	160	0	0.0	0	0	0.0	0	105	89.7
Intermediate				2	2.5	101	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	2	1.7
Limited Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care							0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care							0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Disabled				2	2.5	174	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	2	1.7
Traumatic Brain In	j 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Depender	nt 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	20	100.0		79	100.0		0	0.0		18	100.0		0	0.0		0	0.0		117	100.0

Admissions, Discharges, and Deaths During Reporting Period		Percent Distribution	n of Residents'	Condit	ions, Services, and	d Activities as of 12,	/31/04
		İ		9	% Needing		Total
Percent Admissions from:		Activities of	%	Ass	sistance of	% Totally	Number of
Private Home/No Home Health	9.3	Daily Living (ADL)	Independent	One	Or Two Staff	Dependent	Residents
Private Home/With Home Health	1.9	Bathing	0.9		81.2	17.9	117
Other Nursing Homes	0.0	Dressing	12.0		72.6	15.4	117
Acute Care Hospitals	86.6	Transferring	22.2		60.7	17.1	117
Psych. HospMR/DD Facilities	0.0	Toilet Use	19.7		57.3	23.1	117
Rehabilitation Hospitals	0.0	Eating	62.4		27.4	10.3	117
Other Locations	2.2	*******	*******	*****	*****	******	* * * * * * * * * * * * * *
Total Number of Admissions	321	Continence		8	Special Treatment	cs	8
Percent Discharges To:		Indwelling Or Exter	nal Catheter	0.9	Receiving Respi	iratory Care	12.0
Private Home/No Home Health	24.2	Occ/Freq. Incontine	nt of Bladder	54.7	Receiving Trach	neostomy Care	0.0
Private Home/With Home Health	39.4	Occ/Freq. Incontine	nt of Bowel	36.8	Receiving Sucti	ioning	0.0
Other Nursing Homes	1.2				Receiving Ostor	my Care	4.3
Acute Care Hospitals	10.1	Mobility			Receiving Tube	Feeding	1.7
Psych. HospMR/DD Facilities	0.0	Physically Restrain	.ed	9.4	Receiving Mecha	anically Altered Diets	s 29.9
Rehabilitation Hospitals	0.0						
Other Locations	8.3	Skin Care			Other Resident Ch	naracteristics	
Deaths	16.8	With Pressure Sores		6.8	Have Advance Di	irectives	73.5
Total Number of Discharges		With Rashes		6.8	Medications		
(Including Deaths)	327	İ			Receiving Psych	noactive Drugs	49.6

Selected Statistics: This Facility Compared to All Similar Metropolitan Area Facilities & Compared to All Facilities

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		Own	ership:	Bed	Size:	Lic	ensure:		
	This	Pro	prietary	100	-199	Ski	lled	Al	1
	Facility	ility Peer Group		Peer	Group	Peer	Group	Faci	lities
	%	%	Ratio	%	Ratio	%	Ratio	%	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	75.8	88.5	0.86	90.2	0.84	90.5	0.84	88.8	0.85
Current Residents from In-County	65.8	80.0	0.82	82.9	0.79	82.4	0.80	77.4	0.85
Admissions from In-County, Still Residing	9.7	17.8	0.54	19.7	0.49	20.0	0.48	19.4	0.50
Admissions/Average Daily Census	263.1	184.7	1.42	169.5	1.55	156.2	1.68	146.5	1.80
Discharges/Average Daily Census	268.0	188.6	1.42	170.5	1.57	158.4	1.69	148.0	1.81
Discharges To Private Residence/Average Daily Census	170.5	86.2	1.98	77.4	2.20	72.4	2.35	66.9	2.55
Residents Receiving Skilled Care	96.6	95.3	1.01	95.4	1.01	94.7	1.02	89.9	1.07
Residents Aged 65 and Older	93.2	92.4	1.01	91.4	1.02	91.8	1.01	87.9	1.06
Title 19 (Medicaid) Funded Residents	67.5	62.9	1.07	62.5	1.08	62.7	1.08	66.1	1.02
Private Pay Funded Residents	15.4	20.3	0.76	21.7	0.71	23.3	0.66	20.6	0.75
Developmentally Disabled Residents	1.7	0.9	1.93	0.9	1.81	1.1	1.52	6.0	0.28
Mentally Ill Residents	25.6	31.7	0.81	36.8	0.70	37.3	0.69	33.6	0.76
General Medical Service Residents	9.4	21.2	0.44	19.6	0.48	20.4	0.46	21.1	0.45
Impaired ADL (Mean)	47.0	48.6	0.97	48.8	0.96	48.8	0.96	49.4	0.95
Psychological Problems	49.6	56.4	0.88	57.5	0.86	59.4	0.83	57.7	0.86
Nursing Care Required (Mean)	7.7	6.7	1.15	6.7	1.15	6.9	1.12	7.4	1.04